

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

BEST AVAILABLE COPY

## INDEX OF CLAIMS

Rejected N ..... Non-elected  
 Allowed I ..... Interference  
 (Through numeral)... Canceled A ..... Appeal  
 Restricted O ..... Objected

Claim	Date
Final Original	7/23
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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